

## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

## ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Examiners for Social Workers and Marriage and Family Therapists		CONTACT PERSON Billy Dilworth, Executive Director		TELEPHONE NUMBER 601-987-6806	
ADDRESS P.O. Box 4508		CITY Jackson		STATE MS	ZIP 39296 -4508
EMAIL bdilworth@swmft.ms.gov	SUBMIT DATE 02/13/12	Name or number of rule(s): Title 30, Part 1902, Rules 2.2, 3.1.4.1; and Part 1903.			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To amend the Board's rules and regulations in order to make changes to SW licensure and continuing education requirements and revisions to marriage and family therapy regulations regarding licensure status, requirements, supervision, continuing education and fees.

In addition, the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists ("Board"), pursuant to the authority provided in Miss. Code Ann. §25-43-3.113(2)(a) (Rev. 2010), finds emergency rule-making necessary in this matter in that it has had to develop new rules or revise existing rules in order to respond to legislative changes that became effective on July 1, 2011, and to changes in the administration and enforcement of continuing education requirements that are necessary for the licensing and regulation of social workers and the health, safety and welfare of the public. The Board finds that the immediate adoption and prompt effectiveness of these rules are necessary in order to act upon new applicants who are waiting to be licensed under the recent legislative changes and to prevent disruption in the implementation of continuing education necessary for social work licensure.

## ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


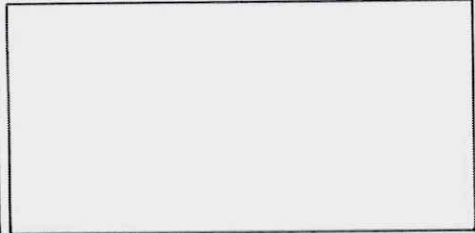
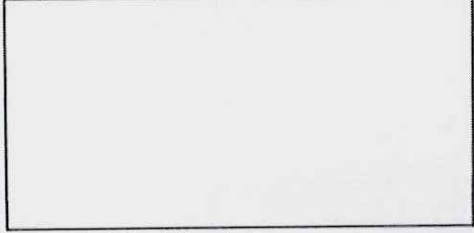
## ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input checked="" type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in <u>120</u> days Effective date: <input checked="" type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Billy Dilworth

Signature of person authorized to file rules: [Signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
 Accepted for filing by <u>CB18461E</u>	 Accepted for filing by _____	 Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.